

Supplement 1, Listing of Adult Member of the Household

USCIS Form I-600A/I-600 Supplement 1

OMB No. 1615-0028 Expires 12/31/2021

Department of Homeland Security

U.S. Citizenship and Immigration Services

► START HERE - Type or print in black ink. You, the applicant or petitioner, must complete Form I-600A/Form I-600, Supplement 1, for EACH adult member of your household 18 years of age or older. Do not complete this separate Supplement 1 for yourself or your spouse (if married).

Pa	rt 1. Information About an Adult 1	Member of the Ho	usehold		
Pro	vide the following information about the A	Adult Member of the H	Iousehold.		
l .	Family Name (Last Name)	Given Nam	e (First Name)	M	iddle Name (if applicable)
2.	Other Names Used by the Adult Member of	the Household (if any)			
	Provide all other names the adult member of need extra space to complete this section, us	f the household has eve			
	Family Name (Last Name)	Given Name	e (First Name)	M	iddle Name (if applicable)
4d	ult Member of the Household's Con	tact Information			
	U.S. Mailing Address (if any)				
	In Care Of Name (if any)				
	Street Number and Name		A	apt. Ste. Flr.	Number
	City or Town		<u>S</u>	tate	ZIP Code
	Is the current U.S. mailing address the same	as the adult member of	the household's U.	S. physical ac	ddress? Yes No
	If you answered "No," provide the U.S. phy appropriate.	sical address in Item N	umber 5. or an add	ress abroad ii	n Item Number 6., as
•	U.S. Physical Address (if any)				
	Street Number and Name		A	pt. Ste. Flr.	Number
	City or Town		S	tate	ZIP Code
•	Address Abroad (if any)				
	Street Number and Name		A	apt. Ste. Flr.	Number
	City or Town		S	tate	
	Province	Postal Code	Country		

Pa	rt 1	. Information About an Ad	lult Member of th	e H	ouse	eh	old (continued)		
7.	Day	ytime Telephone Number			8.	N	Mobile Telephone Number (if any)		
9.	Em	ail Address (if any)		_					
Ad	ult	Member of the Household's	Biographical Info	rma	ition	!			
10.	Dat	te of Birth (mm/dd/yyyy) 11	. City/Town/Village of	f Biı	rth				
			, c						
12.	Sta	te or Province of Birth		13	. <u>C</u> 01	un	try of Birth		
14.	Alie	en Registration Number (A-Number A-	27) (if any) 15. USO	CIS (Online	e A	Account Number (if any)		
$D\iota$	ıty e	of Disclosure							
to a in a miti of p	ny o rrest gati erju If s Sta	of these questions, provide a certified, indictment, conviction, and/or any ng circumstances about each arrest ry under U.S. law. The statement states of America that this statement is	ed copy of the documer y other judicial or adm. The written statemen should include the follow. "I declare (or certify, we strue and correct."	itatic inistr t mu wing	on sho rative ist be g:	ow ac sig	tion in response to these questions. If ing the final disposition of each incidention and a written statement giving degreed by the adult member of the house te) under penalty of perjury under the	ent which i etails, inclu ehold unde	resulted ading any or penalty
	Exe	ecuted On (mm/dd/yyyy) Sign	nature						
17.	stat	e) under penalty of perjury that this	s statement is true and			S, 1	and commonwealths): "I declare (o	r certify, ve	erify, or
	Exe	ecuted on Sign	nature						
of the appirate of the appirat	ne po licat emen nber	olice department or other law enfor ole; and include your (the applicant	cement administration 's/petitioner's) name an iption of any type of co dered in light of this hi	or o d A- ounse story	ther e Num eling, y.	ent be re	dent occurred (city/town, state/provir ity involved; date of incarceration and r (if any) at the top of each sheet. In habilitation, or other information that	d name of f your writte	acility, if
10,		Been investigated, arrested, cited, violating any law or ordinance? (A adverse criminal history was expu	charged, indicted, con Answer "Yes" even if t inged, sealed, pardoned ept for violations for dr	victe he re l, or iving	ed, finecord the sugger	of ubj	, or imprisoned for breaking or the arrest, conviction, or other ect of any other amelioration. Do rating a vehicle while intoxicated or	Yes	□ No
	В.	Received a pardon, amnesty, reha	bilitation decree, other	act (of cle	me	ency, or similar action?	Yes	☐ No

Part 1. Information About an Adult Member of the Household (continued)
C. Received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?
D. Been the subject of any investigation at any time, even if closed or unsubstantiated, by any child welfare agency, court, or other official authority in any state or foreign country concerning the abuse or neglect of any child?
Part 2. Adult Member of the Household's Statement, Certification, Duty of Disclosure, and Signature
Notice to the Adult Member of the Household: By signing this Form I-600A/I-600, Supplement 1, you agree that U.S. Citizenship an Immigration Services (USCIS) may disclose to the applicant/petitioner or the applicant's/petitioner's adoption service providers, if applicable, information that USCIS may obtain about you that is relevant to the adjudication of the applicant's Form I-600A or petitioner Form I-600, even if the Privacy Act, 5 USC 552a, might otherwise prevent disclosure of the information without your consent. NOTE: If you, an adult member of the household, knowingly and willfully falsify or conceal a material fact or submit a false
document in support of this Supplement 1, USCIS will deny the Form I-600A/I-600 filed for this case and may deny any other USCIS benefits requested by the prospective adoptive parents.
Adult Member of the Household's Statement
1. Adult Member of the Household's Statement Regarding the Interpreter (Select the box for either Item A. or B.)
A. I can read and understand English, and I have read and understand every question and instruction on this supplement an my answer to every question.
B. The interpreter named in Part 5. has read to me every question and instruction on this supplement and my answer to
every question, in , a language in which I am fluent,
and I understood everything.
2. Adult Member of the Household's Statement Regarding the Preparer (if applicable)
At my request, the preparer named in Part 6. ,
prepared this supplement for me based only upon information I provided or authorized.
Adult Member of the Household's Certification
Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine the suitability and eligibility of the applicant or petitioner as an adoptive parent.
I furthermore authorize release of information contained in this supplement, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.
I certify, under penalty of perjury, that I provided or authorized all of the information in this supplement, I understand all of the information contained in, and submitted with, this supplement, and that all of this information is complete, true, and correct.
Adult Member of the Household's Duty of Disclosure

I understand the ongoing duty to disclose information concerning any change of circumstance, as described in the Form I-600A and/or Form I-600 Instructions, and I agree to notify the applicant, petitioner, home study preparer, and USCIS of any new information that I am required to disclose.

	art 2. Adult Member of the Household's Statement, Certification, Duty of Disclosure, and Signature ontinued)					
Ad	lult Member of the Household's Signature					
3.	Adult Member of the Household's Signature Date of Signature (mm/dd/yyyy)					
	Date of Signature (similar any yyyy)					
,						
Pa	rt 3. Information About You, the Applicant/Petitioner					
1.	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)					
2.	Date of Birth (mm/dd/yyyy) 3. City/Town/Village of Birth					
4.	State or Province of Birth 5. Country of Birth					
6.	A-Number (if any) 7. Daytime Telephone Number					
	► A-					
8.	Mobile Telephone Number (if any) 9. Email Address (if any)					
10.	USCIS Online Account Number (if any)					
_						
Pa	art 4. Applicant's/Petitioner's Statement, Certification, and Signature					
	TE: If you or any adult member of the household knowingly and willfully falsify or conceal a material fact or submit a false ument with your Form I-600A/I-600, Supplement 1, USCIS will deny your Form I-600A or Form I-600 and may deny any USCIS					
	efit you request.					
Ap	pplicant's/Petitioner's Statement					
1.	Applicant's/Petitioner's Statement Regarding the Interpreter (Select the box for either Item A. or B.)					
	A. I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.					
	B. The interpreter named in Part 5. read to me every question and instruction on this supplement and my answer to every					
	question in, a language in which I am fluent,					
•	and I understood everything.					
2.	Applicant's/Petitioner's Statement Regarding the Preparer (if applicable)					
	At my request, the preparer named in Part 6. ,					
	prepared this supplement for me based only upon information I provided or authorized.					

Part 4. Applicant's/Petitioner's Statement, Certification, and Signature (continued)

Applicant's/Petitioner's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my suitability and eligibility as an adoptive parent.

I furthermore authorize release of information contained in this supplement, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that I provided or authorized all of the information in my supplement, I understand all of the information contained in, and submitted with, my supplement, and that all of this information is complete, true, and correct.

Aį	pplicant's/Petitioner's Signature			
3.	Applicant's/Petitioner's Signature			Date of Signature (mm/dd/yyyy)
Pa	art 5. Interpreter's Contact Information, Certification	, and Signa	ture	
If t	ne adult member of the household and/or applicant/petitioner used an owing information about the interpreter.			lete this supplement, provide the
In	terpreter's Full Name			
1.	Interpreter's Family Name (Last Name)	Interpreter's	Given Name (F	First Name)
2.	Interpreter's Business or Organization Name (if any)			
In	terpreter's Mailing Address			
3.	Street Number and Name		Apt. Ste.	Flr. Number
	City or Town		State	ZIP Code
	Province Postel Code	Comment		
	Province Postal Code	Country		
In	terpreter's Contact Information			
4.	Interpreter's Daytime Telephone Number 5.	Interpreter's I	Mobile Telepho	one Number (if any)
_	Literatural Francis Addition (Comp.)			
6.	Interpreter's Email Address (if any)			

Interpreter's Certification 1 certify, under penalty of perjury, that: 1 um fluent in English and 2. and 4., Item B. in Item Number 1., and I have read to this adult member of the household and/or applicant/petitioner in the identified language every question and instruction on this supplement and his or her answer to every question. The adult member of the household and applicant/petitioner in formed the that he or she understands every instruction, question, and nawer on the supplement, including the Adult Member of the Household's Certification and the Applicant's/Petitioner's Certification, and have read to this adult member of the Household's Certification and the Applicant's/Petitioner's Certification, and have read to the supplement, including the Adult Member of the Household's Certification and the Applicant's/Petitioner's Certification, and have read to the Applicant's/Petitioner's Certification, and have read to the Applicant's/Petitioner's Certification, and Signature of the Person Preparing this Supplement, If Other Than the Applicant/Petitioner or Adult Member of the Household If you, the applicant/Petitioner or adult member of the household used a preparer to complete this supplement, provide the following information about the preparer. Preparer's Full Name 1. Preparer's Full Name 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) Preparer's Mailing Address 3. Steet Number and Name Apt. Ste. Fir. Number City or Town State ZIP Code Province Postal Code Country Preparer's Mobile Telephone Number (if any) Preparer's Email Address (if any)	Pa	art 5. Interpreter's Contact Information, Certificati	ion,	and Signa	ture	(continu	ied)	
I certify, under penalty of perjury, that: I am fluent in English and 2. and 4. Item B. in Item Number I., and I have read to this adult member of the household and/or applicant/petitioner in the identified language every question and instruction on this supplement and his or her answer to every question. The adult member of the household and applicant/petitioner informed me that he or she understands every instruction, question, and answer on the supplement, including the Adult Member of the Household's Certification and the Applicant's/Petitioner's Certification, and have read to this supplement, including the Adult Member of the Household's Certification and the Applicant's/Petitioner's Certification, and have read to the applicant and the Applicant's Signature 7. Interpreter's Signature Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, If Other Than the Applicant/Petitioner or Adult Member of the Household If you, the applicant/petitioner or adult member of the household used a preparer to complete this supplement, provide the following information about the preparer. Preparer's Fall Name 1. Preparer's Family Name (Last Name) Preparer's Business or Organization Name (if any) Preparer's Mailing Address 3. Street Number and Name Apt. Ste. Fir. Number City or Town State ZIP Code Province Postal Code Country Preparer's Contact Information 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)	In	terpreter's Certification						
2. and 4., Item B. in Item Number 1., and I have read to this adult member of the household and/or applicant/petitioner in the identified language every question. The adult member of the household and applicant/petitioner informed me that he or she understands every instruction, question, and answer on the supplement, including the Adult Member of the Household's Certification and the Applicant's/Petitioner's Certification, and have reified the accuracy of every answer. Interpreter's Signature 7. Interpreter's Signature Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, If Other Than the Applicant/Petitioner or Adult Member of the Household If you, the applicant/petitioner or adult member of the household used a preparer to complete this supplement, provide the following information about the preparer. Preparer's Full Name 1. Preparer's Family Name (Last Name) Preparer's Business or Organization Name (if any) Preparer's Mailing Address 3. Street Number and Name Apt. Ste. Fir. Number City or Town State ZIP Code Province Postal Code Country Preparer's Contact Information 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)		-						
identified language every question and instruction on this supplement and his or her answer to every question. The adult member of the household and applicant/petitioner informed me that he or she understands every instruction, question, and answer on the supplement, including the Adult Member of the Household's Certification and the Applicant's/Petitioner's Certification, and he verified the accuracy of every answer. Interpreter's Signature 7. Interpreter's Signature Date of Signature (mm/dd/yyy) Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, If Other Than the Applicant/Petitioner or Adult Member of the Household If you, the applicant/petitioner or adult member of the household used a preparer to complete this supplement, provide the following information about the preparer. Preparer's Full Name 1. Preparer's Full Name (Last Name) Preparer's Business or Organization Name (if any) Preparer's Mailing Address 3. Street Number and Name Apt. Ste. Fir. Number City or Town State ZIP Code Province Postal Code Country Preparer's Contact Information 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)	I aı	n fluent in English and		, ,	which	is the sam	ne language specified in Part s	5
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Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, If Other Than the Applicant/Petitioner or Adult Member of the Household If you, the applicant/petitioner or adult member of the household used a preparer to complete this supplement, provide the following information about the preparer. Preparer's Full Name 1. Preparer's Family Name (Last Name) Preparer's Business or Organization Name (if any) Preparer's Mailing Address 3. Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country Preparer's Contact Information 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)	In	terpreter's Signature						
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2. Preparer's Business or Organization Name (if any) Preparer's Mailing Address 3. Street Number and Name City or Town Province Province Postal Code Preparer's Contact Information 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)	Pr	reparer's Full Name						
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City or Town State Province Postal Code Country Preparer's Contact Information 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)	Pr	eparer's Mailing Address						
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4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)		Province Postal Code		Country				
	Pi	reparer's Contact Information						
6. Preparer's Email Address (if any)	4.	Preparer's Daytime Telephone Number	5.	Preparer's M	obile	Telephone	Number (if any)	
6. Preparer's Email Address (if any)								
	6.	Preparer's Email Address (if any)						

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, If Other Than the Applicant/Petitioner or Adult Member of the Household (continued)

Pr	eparer's Statement						
7.	7. A. I am not an attorney or accredited representative but have prepared this supplement on behalf of the adult member household and/or applicant/petitioner and with the adult member of the household's and/or applicant's/petitioner.						
B. I am an attorney or accredited representative and my representation of the adult member of the household and applicant/petitioner in this case extends does not extend beyond the preparation of this supplement.							
Pr	eparer's Certification						
adu sup incl info	my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the member of the household. The applicant/petitioner and adult member of the household then replement and informed me that he or she understands all of the information contained in, and subjuding the Adult Member of the Household's Certification and the Applicant's/Petitioner's Communication is complete, true, and correct. I completed this supplement based only on information it member of the household provided to me or authorized me to obtain or use.	reviewed this completed omitted with, this supplement, Certification, and that all of this					
Pr	eparer's Signature						
8.	Preparer's Signature	Date of Signature (mm/dd/yyyy)					

Part 7. Additional Information

If you need extra space to provide any additional information within this supplement, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this supplement or attach a separate sheet of paper. If you attach a separate sheet of paper, type or print your full name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.	Fan	nily Name (Last Nam	ne)	Gi	ven Name (First Name)	Middle Name
2.	A-N	Number (if any) ► A	-			
3.	A. D.	Page Number B.	Part Number	С.	Item Number	
4.	A.	Page Number B.	Part Number	C.	Item Number	
	D.					
5.	A.	Page Number B.	. Part Number	C.	Item Number	
	D.					
6.	A.	Page Number B.	Part Number	C.	Item Number	
	D.					

DHS Privacy Notice

AUTHORITIES: The information requested on this supplement, and the associated evidence, is collected under the Immigration and Nationality Act sections 101(b)(1)(F), 201, and 204, and 8 CFR sections 204.3, 204.301, and 204.311.

PURPOSE: This supplement must be completed for every adult member of the household, other than the applicant/petitioner and spouse (if married). USCIS may request submission of this supplemental form for additional individuals. The purpose of this supplement is to collect information on any individual who has the same residence as the applicant/petitioner and is 18 years of age or older on or before the date the applicant/petitioner files Form I-600A or Form I-600, any household member who has not yet turned 18 years of age before the applicant/petitioner files Form I-600A or Form I-600, and any individual who does not actually live at the same residence as the applicant/petitioner, but whose presence USCIS deems relevant to determine the applicant/petitioner's suitability to adopt. USCIS will determine suitability by conducting background and security checks on adult household members to assist in assessing the suitability of the applicant/petitioner.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of the underlying adoption-related application and/or petition.

ROUTINE USES: The Department of Homeland Security (DHS) may share the information you provide on this supplement and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-005 - Inter-Country Adoptions Security] and the published privacy impact assessments [DHS/USCIS/PIA-007(b) Domestically Filed Intercountry Adoptions Applications and Petitions and DHS/USCIS/PIA-051 Case and Activity Management for International Operations] which you can find at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

PRIVACY ACT WAIVER: Except as permitted by the Privacy Act, 5 USC 552a, applicable routine uses, and information related to adult members of your household as noted below, USCIS may not disclose or give access to any information or record relating to any applicant/petitioner, spouse (if married), or adult member of your household to any individual or entity other than that person, including but not limited to an accredited agency, approved person, exempted provider, supervised provider, or other adoption service provider, unless you give written consent.

If you want to give consent for USCIS to disclose information about your case to an individual or entity, you must complete Form I-600A/I-600, Supplement 2, Consent to Disclose Information. You are not required to give this consent to file Form I-600.

NOTICE TO ADULT MEMBERS OF THE HOUSEHOLD: You are not the prospective adoptive parent who is filing Form I-600A application or Form I-600 petition. As an adult member of the prospective adoptive parent's household, however, information about you may be relevant to the adjudication of the prospective adoptive parent's Form I-600A or Form I-600. Under 8 CFR 103.2(b)(16), the prospective adoptive parent is entitled to review any information that may be used to deny a Form I-600A or Form I-600. By signing the Form I-600A/Form I-600, Supplement 1, you consent to USCIS disclosing to the prospective adoptive parents, adoption service provider, home study preparer, if applicable, and any individual or entity identified by the prospective adoptive parent, if applicable, information that USCIS may obtain about you that is relevant to the adjudication of the prospective adoptive parent's Form I-600 or Form I-600A, even if the Privacy Act, 5 USC 552a, might otherwise prevent disclosure of the information to the prospective adoptive parents.